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## BIB DATA SHEET

CONFIRMATION NO. 5467

<b>SERIAL NUMBER</b> 10/823,810	<b>FILING or 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> IL500US		
<b>APPLICANTS</b> Jennifer Lynne Reed, Clarksburg, MD; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/477,801 06/10/2003 OK /GC/ 11/18/2008 and claims benefit of 60/462,307 04/11/2003 <b>** FOREIGN APPLICATIONS *****</b> NONE /GC/ 11/18/2008 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/18/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /GYAN CHANDRA/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 18	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> MEDIMMUNE, LLC Jonathan Klein-Evans ONE MEDIMMUNE WAY GAITHERSBURG, MD 20878 UNITED STATES						
<b>TITLE</b> Methods of treating respiratory conditions						
<b>FILING FEE RECEIVED</b> 2712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			